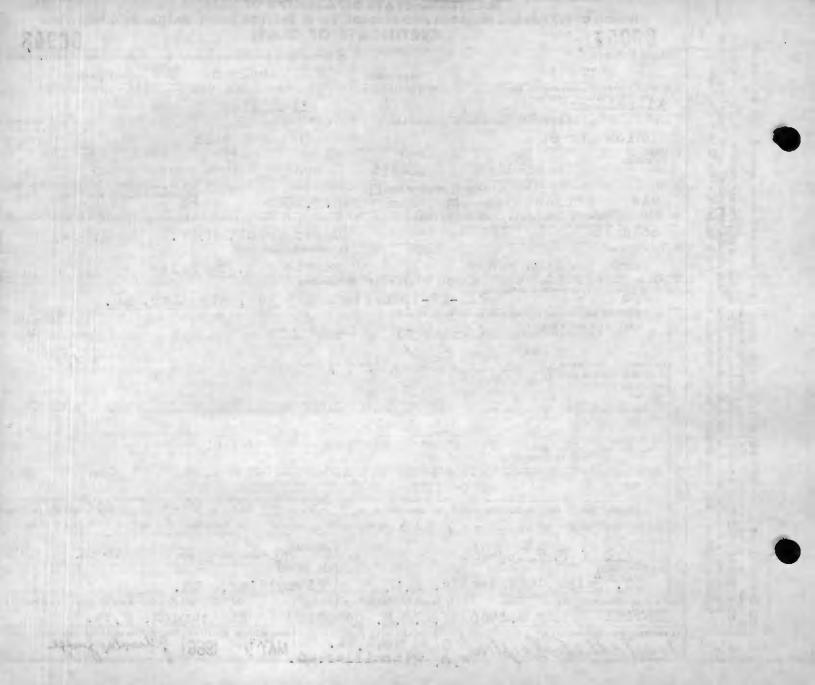
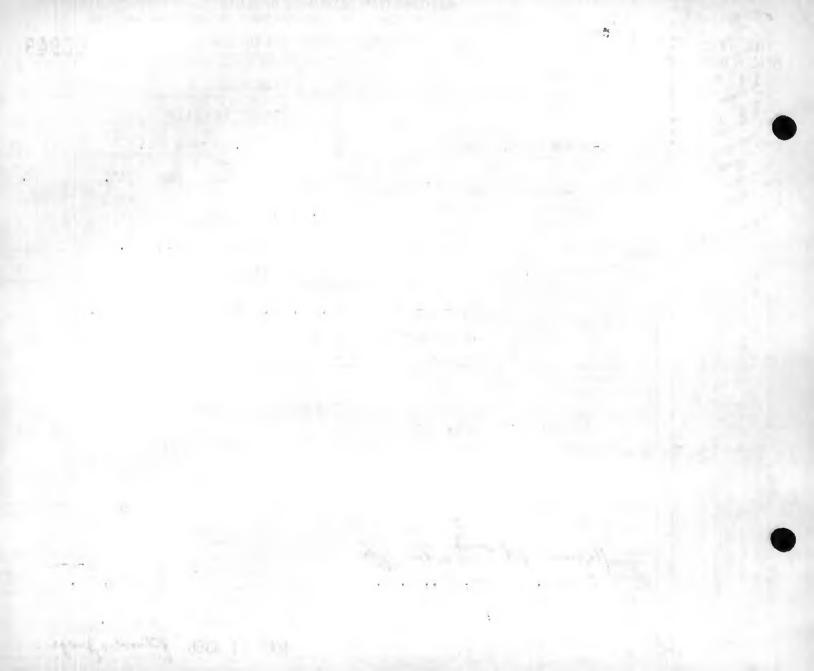
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution: Residence before edmission . COUNTY Garrett Maryland Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown) Write RURAL and give nearest town) filled in Pages 1 Kitzmiller d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give atreet eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Street completely Union Street YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF William Albert (Type or print) Bradv DEATH 1966 carbon 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Male Feb.8.1885 death certificate WIDOWED A DIVORCED T 10a, USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Upper Tract. W. Va. U.S.A. 13. FATHER'S NAME pleas James Madison Brady A. Guthrie Fannie requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyes give wer or detes of service) Blanche Brady. Shallmar. Md. permit. ed by the hospital or attending physician. After this certificate has been signed by the 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ŏ ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) the burial-transit **DUE TO** Conditions, if any, which gave rise to immediate couse DUE TO (a), steting the underlying detached for use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION NO T 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) Not While DIRECTOR at work at work pe 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on \_\_\_\_\_\_ 22e. SIGNATURE 22b. DATE STAFF SIGNED HOSPITAL FUNERAL with th DIRECTOR PHYS. Page ALD: 22c. PHYSICIAN 22d. ADDRESS Dr. "Ralph Calandrella, M.D. rector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF OF May 8, 1966 I.O.O.F. Cemetery Elk Garden. W. Va. 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1966 VR AIS (4) 20M 5-63

DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Garrett o. STATE b. COUNTY Favette MARYLAND Department b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Connellsville days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours 512 Cuppett-Weeks Nursing Home E. Green with the State D within 72 haur YES NO IX in Item 18. Give Pages 3 NAME OF First Middle Lost 4. DATE Month Yeor DECEASED 7th. 19 66 May Burnworth Lawrence DEATH IF LINDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthdoy) Months Dovs Hours White Malle WIDOWED & DIVORCED 24 haurs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Henry Clay Twnp.
14. MOTHER'S MAIDEN NAME Electrician
13. FATHER'S NAME the certiticate, writing the ward "pending" in pencil in 4 shauld be farwarded ta the Chief Medical Examiner's Electrical pencil This certificate shauld be executed within Morgan Burnworth Delilah Reiber E pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO. Address remayal, 201-01-8399 Mrs. J. W. Hunt Oakland. Md no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN PASE AND BEATH Acute cardiac failure Ь IMMEDIATE CAUSE (o) please exacute the certificate, writing the ward cremation, DUE TO Chronic myocarditis Years Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO 0 stoting the underlying couse used as burial, a 19. WAS AUTOPSY PEREORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Pulmonary emphysema, marked p 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) pridr 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at work ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy 17 Inquiry 7 ond in my opinion Inspection Notural causes Suicide [ Accident . deoth resulted from: Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 0 EXAMINER/S James H. Feaster, Jr., M. D. Oakland, Md. Health , Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. 23b. DATE THEREOF (Stote) 0 REMOVAL (Specify)
Burial Uniontown, Pa. Pak Lawn Cemeterv ZSo. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 242 FUNERAL DIRECTOR Milaneles VR A15ME (5) Oakland. 1966 Marylan 6M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY Garrett Marvland MARYLAND Garratt b. CITY OR TOWN lif outside corporale limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Rural - Oakland Lifetime Rural - Oakland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Pag Star Route ON A FARM? Star Route YES NO 3. NAME OF 4. DATE Middle Month Day Year DECEASED NINA (Type or print) HVA DABERRY DEATH May 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Female Months Hours WIDOWED DO DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Housewife Own Home Garrett County, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Syrus Luther Foster Sarah Jane Ervin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) | (If yes give wer or detes of service (Son) No Star Route. Oak 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE In Signed DUF TO reducte lasteresentar disas Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (Stete) tactory, street, office bldg., etc.) While Not While Hour a.m. al work al work Day 19 (l) (we) last OMPiemenhe causes and on the date stated above. 11. 1966, and that death occurred at saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING X DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Osk land, Maryland Grant. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 DeBerry Family Cem. Near Oakland, Md. Buris 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DAMAY 26 1966 ACharles Que 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 [4] Home . Oakland . Md 15M 7-62 Durst

THE STREET STREET PROPERTY. PERMIT beatsed - Love TAX DE SHREET PALISI PALMET the state of the s and the country of the country and the de la contracta de la colore maillande del del 1975 25/23/65 Con Land, Harry Lone , . Bustes . Dietal on the French Com. New York . ... tot sting think maked then outlines, the MAY 2 I 1956 feller to Garage

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06951 FOR STATE HEALTH DERI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Of death. Garrett Garrett MARY! AND portment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) Life Friendsville Friendsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? haurs YES | NO X 3. NAME OF First Middle Lost 4. DATE Month within 72 DECEASED (Type or print) DEATH With S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs WIDOWED DIVORCED event Hem and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY dny Meyersdale, Pa. Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within .= Frances Friend ond Ross Fike 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT shauld be farwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) remayal, pending Friendsville, Frances Friend, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE CAUSE (a) \_ Laukemia year writing the ward burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 015 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate. YES NO TO designated agent, prior to 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While may be retained far yaur FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry 30 and in my opinian death resulted from: Natural causes Accident Suicide . Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 5 may be reta
TO FUNERAL DII
Health or its d ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER X EXAMINER'S Oakland. Feaster. Jr. James Address (Street, city, town, or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Friendsville Garrett. Buria coming Rose 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Milarla Grantsville. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY GARRETT GARRETT MARYLAND Department after death. c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b ACCIDENT hrs. 20 min. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE State hours GARRETT COUNTY MEMORIAL HOSPITAL YES NO X should be executed within 24 hours after death. If any del word "pending" in pencil in Item 18. Give Pages 1, 2, and Chief Medical Examiner's Office along with form PM3. NAME OF First Year Middle Last 4. DATE Month Пач the 72 DECEASED (Type or print) CLA HOE DEATH KENNETH FRIEND 19 2 with 6. COLOR OR RACE | 7. MARRIEDAX | NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR HE UNDER 24 HRS last birthday) | Months | Days Hours WIDOWED DIVORCED [ JULY 28, 1916 1,9 YES. 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? U.S.A MARYLAMI 13. FATHER'S NAME MOTHER'S MAIDEN NAME MARGARET 17. INFORMANT INTEREST 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknwn) | (If yes give war or dates of service) permit. I ACCIDENT. 274-74-791 JEAN FRANCES FRIEND INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit Hemorrhage. Massive Subarachnoid Hours IMMEDIATE CAUSE (e) cremation, DUE TD Rupture Congenital Aneurysm of Conditions, If any, which (b) gave rise to immediate Circle of Willis DUE TD cause (a), stating the 60 used as a to burial, underlying cause last, WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION EXAMINER: This certificate certificate, writing the should be forwarded to the PERFORMED? YES PE NO F should be 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 shoul MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work Inquiry 30 21. I certify that I took charge of the remains described above, held an Autoosy Inspection X and In my ppinion FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes XX Accident Spicide Homicide Page 4 s CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER IX Health EXAMINER'S please ex director. retained Address (Street, city, town, or county) OAKT,AMD. NAME (Type) JR. MARYLAND 23d. LOCATION (City, town or county) BURIAL, CREMATION ! 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY O I REMOVAL (Specify) Buria Pauls Cemetery ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR VR ALSME (5) Grantsville, Md. 1/65

The state of the s Harris Marie Committee of the Committee

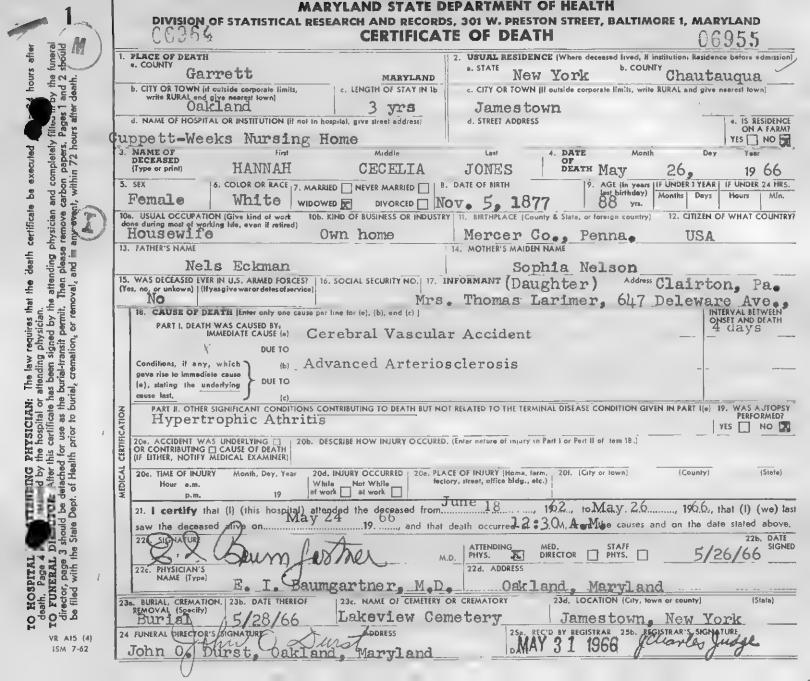
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funer and deat PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e, STATE b. CDUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after d GARRETT MARYLAND GARRETT MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b OAKLAND ACCIDENT e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 24 GARRETT COUNTY MEMORIAL HOSPITAL YES ND within and completely remove carbon is any event, with 3. NAME OF First Middle DATE Month Day Year Last 4. DECEASED 0F 1966 11 DEATH (Type or print) AIMA HANSEN AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. CDLDR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED FEMALE WIDDWED 3 DIVDRCED [ 27 YES. Ξ 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physicials in please r wal, and in during most of working life, even if retired) INDUSTRY U.S.A. Housewife Own Home death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ing pr remma THOMAS TURNE MARY MARGARET SCHLOSSNAGTE 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address HOME-QAKLAND been signed by the atten the burial-transit permit. In to burial, cremation, un (Yes, no, or unkown) (If yes give war or dates of service) NURSE'S AIDE RUTH LLOYD-CUPPETT 18. CAUSE OF DEATH [Enter only one cause per line for (a)\_(b), and (c).] INTERVAL BETWEEN The faw requires that the DNSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) rours attending physician. DUE TO Cenditions, if any, which gave rise to immediate as the I DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY certificate had for use of Health p PERFORMED? the hospital or NO 🐼 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certification of the detached for State Dept. of H MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work the second to\_MAY 19.66., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should filed with the and that death occurred at 2.38 M from the causes and on the date stated above. 19 66 saw the deceased alive on. 22a. SUGNATURE 22b. DATE SIGNED page ATTENDING DIRECTOR PHYS. M.D. O HOSPITAL 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS O FUNERAL director, p OAKLAND, MARYLAND BURIAL, CREMATION, 1 23b. DATE THEREDF 23c. NAME DF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) Oakland, # Maryland 966 Oakland Cemetery burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Oakland, maryland VR AI5 (4) 20M 1/65

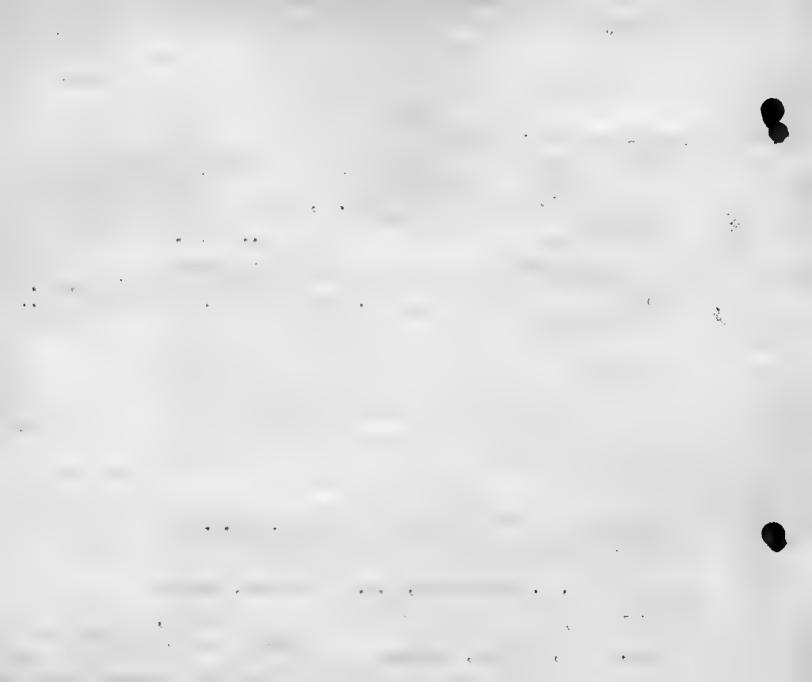


3 1	1	Division of STATISTICA	L RESEARCH AND RECORDS, 301	I W. PRESTON STREET, BALTIMORE, MA	ARYLAND 21201
. 6.4		06963	CERTIFICATE	OF DEATH	06954
within 24 hours after death lely filled in by the funeral bon papers Pages 1 and 2, within 72 hours after death		PLACE OF DEATH a. COUNTY GARR. VTT	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if a o. STATE b.	nstitution. Residence before admission) COUNTY GARR. TT
ours after by the f pages ours after	r	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, wri	
cuted within 24 hours after moletely filled in by the fu carbon popers Pages 1 event, within 72 hours after		DAILLIST )  d. NAME OF HOSPITA, OR INSTITUTION (If not in		d STREET ADDRESS Route #1	e IS RESIDENCE ON A FARM?
ithin ( y fille on po within		AARTT COUNTY PERMORTA	AL HUSPTTAL Middle	Lost 4 DATE OF	YES         NO         ■           Manth         Day         Year
ted w pletel carb		DECEASED (Type or print)  SEX   6 COLOR OR RACE   7		HITTE DEATH  B DATE OF BIRTH 9. AGE (In ye	
exected and a section of the section	10	PALE WHITE V	NIDOWED DIVORCED DIVORCED 10b, KIND OF BUSINESS OR		Yrs.
ertificate be physicion of ten please ovol, and in	dur	USUAL OCCUPATION (Give kind af wark dane ing mast af warking life, even if ret red).  CHILLY SHOW WARKING TO THE PROPERTY OF PARTY OF PROPERTY OF PARTY OF P	man Cel. Corp.	11 BIRTHPLACE (County & State or fareign Country) Washington Co	COUNTRY?
physic physic physic phonol povol,	13.	FATHER'S NAME  JERIMUAH	HULL	14. MOTHER'S MAIDEN NAME  Anna Marie Hou	le
PHYSICIAN: The law requires that the death certificate be executed e haspital or attending physician. his certificate las been signed by the attending physician after a stacked for use as the burial-transit permit. Then please funds can Dept. of Health prior to burial, cremation, or removal, and in any event	15. {Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates af ser	16. SOCIAL SECURITY NO. 17. II	NFORMANT (WIFE)	Address  DEER PARK D.
that the an. I have the land the land the land the land tremation cremation.		18. CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b) and (c).)	- Preumonition	INTERVAL BETWEEN SNSET AND BEATH
equires that the physician. signe by the buriol-transit buriol, cremo		Conditions, if any, which gave )	Bronchage	nis Parcinoma;	Left pag , Whow
the low requires the ottending physician. The been signe ■ ye se os the buriol-train harior to buriol, cre		tise to immediate cause (a), stating the underlying cause (c) (c)			
O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or ottending D ILUNERAL DIRECTOR: After this certificate llos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED? YES NO
SICIAN: spitol o ertificate ed for	CERTIFIC	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature af injury in Part I or Part II af item 1	8.)
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retoined by the haspital or TO IUNIRAL INRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	MEDICAL	20c TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm, ary, street, affice bldg , etc.)	vn) (Caunty) (State)
ATTENDING atoined by the CTOR: After I should be dith the Stote		21. I certify that (I) (this haspita		t death occurred of 1:30 Mr. from co	2), 19 66 that (1) (we) los uses and on the date stated above
OR ATTENDIN be retoined by JIRECTOR: Afte je 3 should be ed with the Sto		220. SIGNATURO	12 Lighton M.	ATTENDING MED. STAFF	22b. DATE SIGNED //
may be RAL DI page be filed		22c. PHYSICIAN'S NAME (Type) HERB, RT H.	L. TSHPOND.	22d. ADDRESS	(Table b)
TO HOSPITAL Poge 4 may TO FUNERAL I director, pog should be fil	23	BURIAL, CREMATION, 23b DATE THEREO	PF 23c NAME OF CEMETERY OR		
	2	FUNERAL DIPECTOR	Deer Park Co	25a. REC'D BY REGISTRAR 2	ok Maryland  sb. Registrar's signature  Clearly Judge.
VR A15 (4) 20 M 1/66	_	John V. Durst, Oa	kland, Maryland	DAMAY 2 7 1966	

MARYLAND STATE DEPARTMENT OF HEALTH







DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before a. COUNTY b. COUNTY Garrett Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give necrest town) Mt. Lake Park Mt. Lake Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? 219 Roanoke Avenue 219 Roanoke Avenue YES NO 3. NAME OF Middle 4. DATE DECEASED FLORENCE (Type or print) MILDRED KIIII IIIS May DEATH 66 19 5. SEX 6 COLOR OR RACE, 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR ) IF UNDER 24 HRS. (birthday ريه ا Months Female WIDOWED A DIVORCED [ 10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Hospital Co., Kentucky USA Cook's Helper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gipson Compton Victoria Jones 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17 INFORMANT Address (Daughter) No Mrs. George Mt. Lake Park Perrine. 18. CAUSE OF DEATH [Enter only one cause pe PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 20b. DESCRIBE HOW INJURY OCCURED, lenter nature of in ury in Part I or Pert II of tem 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. While et work et wark 21. I certify that (I) (this hospital) attended the deceased from 187563, that (I) (we) last .....1946, and that death occurred a 5 A.M., from the causes and on the date stated above saw the deceased alive on 228 SIGNATURE ATTENDING STAFF DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) E. Mance. M.D. Oakland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cemetery Oakland Maryland REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 [4] Home Cakland Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 demth PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY Garrett Virginia Grant MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Oakland 18 Day Gormania bon papers. witlin 72 Ic d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8. IS RESIDENCE d. STREET ADDRESS ON A FARM? Garrett County comorial Hospital YES NO NO within letely carbon 3. NAME OF DECEASED DATE Year First Middle Month Day Last 4. Clevel and (Type or print) Grover Mason DEATH May 19 66 6. COLOR OR RACE | 7. MARRIED 5. SFX 8. DATE OF BURTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED T Jast birthday) | Months | Days Male Mite WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Soft C COUNTRY? Miner Coal West Virginia USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Clark Susan d by the attend transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Sister-In-Law (Yes, no, or unkown) (If yes give war or dates of service) Ira Mason. Gormania. W. Mrs. 33-09-2700 CAUSE DF DEATH [Enter only one cause per ling for (a), (b), and (c). INTERVAL BETWEEN igned by the law requires that the ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) igned DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART 1(a) ■Se for se Health PERFORMED? certificate NO IN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) detaclied for MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from APR. 25. to\_ ray . 19.66, that (I) (we) last Show and that death occurred at 2. A. M. from the causes and on the date, stated above. saw the deceased alive on. 3 sho 22b. DATE SIGNED 22a. SIGNATURE page MED. PHYS. PHYS. HOSPITAL PHYSICIAN'S NAME (Type) 22d. ADDRESS O FUNERAL 15 A Mance Oakland. Haryland BURIAL, CREMATION.I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Bavard Buria 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTO Leighton-Durst VR A15 (4) ome 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96967 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT! PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence perfore admission) Virginia COUNTY o. COUNTY Garrett Lincoln d. MARYLANO Department c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest lawn) c LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate limits, minutes Hamlin e S RESIDENCE ON A FARM? YES NO d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS DOA Garrett Memorial Hospital 8. Give Pages 3 NAME OF 4 DATE First DECEASED LEO MCCALLISTER with the DEATH 19 66 Type or print) IF UNDER 24 HRS AGE (In years IF UNCER 1 YEAR S SEX 6. COLOR OR RACE NEVER MARRIEO DATE OF BRITH 7. MARRIED birthday) Days Haurs Male White Dept. WIDOWEO any event 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a USLAL OCCUPATION (G ve kind af wark dane 106 KIND OF BUSINESS OR Lincoln Co.. W. Va. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME \_ This certificate shauld be executed within Nellie perg James B. McCallister and 17 INFORMANT 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. Stunknown) (If yes give war at dotes af service) in certiticate, writing the ward "pending" is should be forwarded to the Chief Medical removal, Koontz Funeral Home, Hamlin, W. Va. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) used as a burial-trans.t burial, cremation, ar re-PART I DEATH WAS CAUSED BY OCCLUSION CORONARY IMMEDIATE CAUSE (o) please execute the certificate, writing the ward DUE TO SCLEROSTS CORONARY Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse WAS AUTOPS)
PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES TE NO agent, priar to 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 3 20e PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20d INJURY OCCURRED 20c TIME OF INJURY Manth, Doy, Year foctory, street, office bldg., etc.) Haur am. Not While FUNERAL DIRECTOR: Page at work at wark designated 2]. I certify that I tack charge of the remains described above, held an Autapsy [52]. Inspection x, Inquiry 136 and in my apinian be retained far Natural causes 🛪 Suicide . Undetermined manner Accident, Hamicide deoth resulted from: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE-5-26-66 9 DEPUTY MEDICAL EXAMINER EXAMINER'S Health , Address (Street, city, town, or county) Oakland. Feaster. J. M. D. James 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 0 Martin Cemetery Hamlin. VR A15ME (5) Durst. Oakland . Maryland DATE 6M 1/66



FOR STATE HEALTH DEPT.

2 with the State Department within 72 hours after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH 0 MEDICAL EXAMINER'S CERTIFICATE DEATH 06950 OF

	0000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Garact MARYLAND	s. STATE P.d. b. COUNTY Garrott
b. CITY OR IOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)
R.D. Lonaconing Life	R.D., Lonaconing, //=/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS B. IS RESIDENCE
	ON A FARM? YES 🔼 NO
3. NAME OF First Middle	Lest 4. DATE Month Day Year
(Type or print) Lloyd L. Miller	OF DEATH Hay 15. 19 5
	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MIDOWED DIVORCED	Jan. 21.1894 '2 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of work done   10b. KIND OF RUSINESS OR	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Retircd Carpenter Harbison-Walke	Avilton, rid. USA
13. FATHER'S NAME	14. MÖTHER'S MAIDEN NAME
Chnigtonhon Nillon	C
Christopher Filler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Sarah Jane Wiland
(Yes, no, or unkown) (If yes give war or dates of service)	1.0
	rs. Nellie Miller, R. D. Longeoning,
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Goronary Occli	Sudden Sudden
9 4 0 1 DUE TO Antonio and and	
gave rise to immediate f	tic cardiovascular disease Years
ceuse (a), steting the DUE TO	
underlying cause last. (c)	THE TAY THE TRANSITION OF THE TAY AND THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
3	YES NO 💂
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCUR. DESCRIBE	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. 71ME OF INJURY Month, Day, Year ) 2Dd, INJURY OCCURRED   20e. PLA	ICE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
Hour a.m.  D.m.  19 at work et work	pry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection x, Inquiry x, and in my opinion
	icide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE (1)	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER & 5-15-66
NAME (Type) James H. Feaster. Jr. M.	D. Address (Street, city, town, or county) akl and Md.
238. BURÍAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Spec.fy)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Metery Frostburg Garragh Ld.
24. EUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
Kuth & Heuman Grantsville	, Pid. MAY 18 1966 gallanlas Judge.
7	

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and of Health or its designated agent, prior to burial, cremation, or removal, and in any event AI5ME 1/65

TO DEPUTY MED.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execut. As certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to a funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE requires that the death certificate be executed within 24 hours after death. ecompletely filled in by the funeral and laye carbon papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY **b.** COUNTY Carrett Maryland Garrett MARYLAND b CITY OR TOWN (If autside carparate I mits, write RURAL and give near (3) (1) (1) (1) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) days-18 hrs Deer Park d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? Garrett County Memorial Hospital YES 🗍 NO X 3 NAME OF DECEASED Middle First Last 4 DATE Manth Day OF DEATH Merritt 19 66 Robert Paugh 28. May (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH birthday) Male White ugust 20, 1966 WIDOWED DIVORCED COUNTRY? 10g USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Caunty & State, ar foreign country) 12 CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY Deer Park, Garrett, Md. machine operator Lumb er 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Jehu Paugh Clarissa Roderick Demmit IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) Virgie Paugh Deer Park. Id. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY **burial-transit** IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave ase to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use YES -NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of Item 18.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (1) (this haspital) attended the deceased from 1950, to 28 May, 1960, that (1) (we) loss saw the deceased olive an 27 Way, 1960, and that death occurred at 5:45 M, from causes and on the date stated above 28/11/21, 1966, that (1) (we) last director, page 3 shauld shauld be filed with the 22o. SIGNATURE 22b DATE SIGNED STAFF PHYS M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Oakland, Maryland 23a. BUR AL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) ADDRESS ADDRESS Jarrett. arvil and 250 FIGH BY REGISTRAP 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Cakland, Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96961 06970 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) physician and completely filled in by the funeral en pleaset Pages 1 and en pleaset, within 72 hours after deatowal, and in Goy event, within 72 hours after deat 1. PLACE OF DEATH o STATE West Virginia b COUNTY Grant COUNTY Garrett MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 14 Days Gormania d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Box # 66 Garrett County Memorial Hospital YES NO D Middle 4 DATE Doy 3 NAME OF Lost Month Year DECEASED (Type or print) May 21 66 Pennington Blake 19 Herdle DEATH 8 DATE OF SIRTH 9 AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. S SFX 7 MARRIED NEVER MARRIED 6 COLOR OR RACE Colost birthdoy) Dovs March 12.1914 Thite DIVORCED WIDOWED Male 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 13. BIRTHPLACE (County & Stote, or foreign country) 1Do JSUAL OCCUPATION (Give kind of work done COUNTRY ? during most of working life, even if retired) INDUSTRY Carage Dry Fork. J. Va 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAM Artehchia Long Adam Pennington 15 WAS DECEASED EVER IN 5 ARMED FORCES? (Yes, no, or unknown) ((if yes give you or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Wife. Address Gormania. W. Lucy Louise Pennington INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) detoched for use YES 127 NO F 20b DESCRIBE HOW INITIRY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 2Dc TIME OF INJURY Month, Day, Year Not While foctory, street, office bidg. etc.) Hour om. at work may 21, 1900, that (I) (we) last 2). I certify that (1) (this hospital) attended the deceased from March 19 66, and that death accurred at 11:05M, Fram causes and an the date stated above saw the deceased alive an Fig 7 21. 220. SIGNATURE 22b. DATE SIGNED ATTENDING 22 M.D. PHYS DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYS CIAN S Oakland, raryland Herbert Leighton NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL CREMATION. -REMOVAL (Specify) Fork Cemeterv Grant. Ca 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Oakland. 1966 Maryland 20 M 1/66

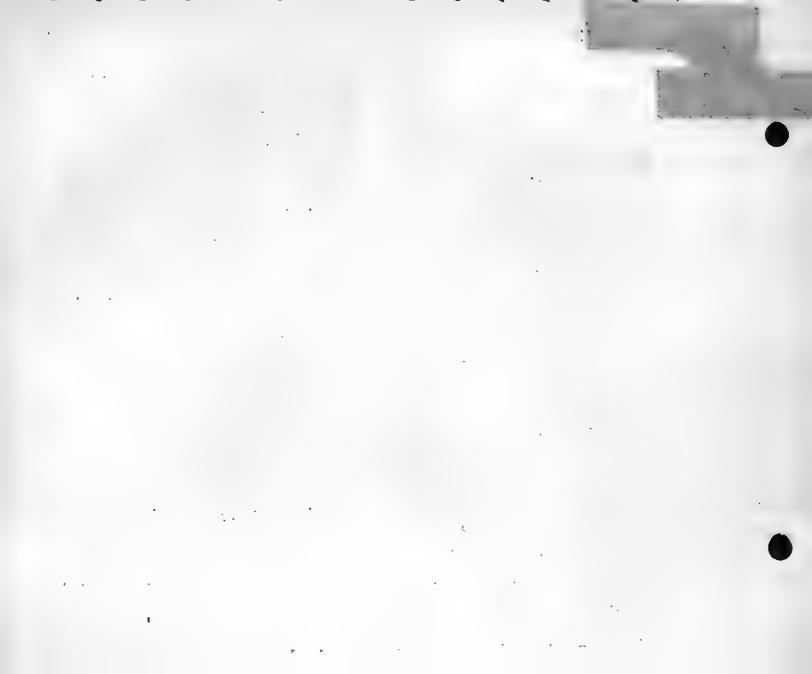
MARYLAND STATE DEPARTMENT OF HEALTH



1 3	MARYLAND STATE DEPARTMENT OF H DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON S	EALTH STREET, BALTIMORE 1, MARY	LAND
funeral and 2	CERTIFICATE OF DEATH	ne c	362
e at l		Where deceased lived, If Institution: Residence	e before admission)
after	e, SIALE	LAND GARRE	יקווקו
		side corporate limits, write RURAL and gl	
	OAKLAND   18 DAYS   KITZ	ZMILLER,	. /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS		6. IS RESIDENCE ON A FARM?
1		D DOMEST	YES ND
	3. NAME OF First Middle Last 4. (Type or print) ISRAEL DALE RINKER	OF Month Day DEATH MAY 3	Year 19 66
	5. SEX 6. CDLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DE BIRTH 188	9. AGE (In years   IFUNDER 1 YEAR	IF UNDER 24 HRS
	MALE WHITE WIDDWED DIVDRCED FEBRUARY 12.	last birthday) Months Days	Hours   Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY.	& State, or foreign country) 12. CITIZEN COUNTR'	OF WHAT
	MINER CO4	VIRGINIA	U.S.A.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN	NAME	
	JOHN RINKER ELIZABETH		
	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Address	
	770 232-03-8564A W* NEVA GERTRUDI		MD.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	, / L INTE	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Cerebro Vascular Ac	eidenl	1 day
	Conditions, If any, which gave rise to immediate (b) Arterioscleretie Card	io Vascular Disease	Unknown
	cause (a), stating the DUE TD underlying cause last.		
	PART II. OTHER SIGNLE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
5	Kecent Preumonia, Bilateral +	UUI CINI-	ES ND
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  Recent Preum on 12 Bilateral +  202. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ury in Part I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   While   at work   at work   Aug 21., 1965	20f. (City or town) (County)	(State)
	21. I certify that (I) (this hospital) attended the deceased from 19		hat (I) (we) last
		M, From the causes and on the dat	
1		STAFF 22b. DATE SI	SNED 66
I	22c. PHYSICIAN'S NAME (Type) DR. HERBERT LEIGHTON 22d. ADDRESS	DAKLAND, MARYLAND	
/	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY REMOVAL (Specify)	23d. LOCATION (City, town or county)	(State)
	Sucial 5-6-66 Beverly Hill Men. Harden	Mergantium 11	1/9
		BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
	Robert Kyle Pritts Sr. Kitzmiller, Mr. DATE MAY	10 1966 fictionles	Judge
	V		



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	/I AND
= = ~~	CERTIFICATE OF DEATH	6963
deat	1. PLACE OF DEATH 9. COUNTY 1.	ce before admission)
ather for saffer s	GARRETT MARYLAND GARR	
s af	b. CITY OR TOWN (if outside corporate limits, write RURAL and gwrite RURAL and give nearest town)  c. LENGTH CF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ive nearest town)
is in the poor	OAKLAND  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
Fille appe	GAR-ETT COUNTY NEMORIAL HOSPITAL 347 WEST LIBERTY STREET	ON A FARM?
cuted within 24 h completely filled by e carbon papers y event, within 72	3. NAME DF First Middle Last 14. DATE Month Da	
executed within	DECEASED OF (Type or print) MYRTLE ANNA RODEHLAVER DEATH MAY 18	19 66
con eve	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years   IFUNDER 1 YEAR   1   1   1   1   1   1   1   1   1	
S S S S S S S S S S S S S S S S S S S	FEMALE   WHITE   WIDOWED V DIVORCED   OCT-11-1896   69 yrs.	
	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRT FPLACE (County & State, or foreign country) COUNTRY	SAA
ficate be	HOUSEWIFE JARYTAND U.S.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	.A.
rtific ng p mov	SYLVESTER MARKLEY TOA MAY SINES	
eath certifical attending parties part	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (DAUGHTER) Address	
eath erm on, c	MARY EVERD OAKLAND, MD.	
requires that the death certificate be ding physician.  Then signed by the attending physician the burial-transit mermit. Then please or to burial, cremation, or removal, and the burial, cremation, or removal, and the contraction of the cont	ON	ERVAL BETWEEN ISET AND DEATH
nat t Sian. Sid by tran	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	3del.
ss th hysic signe rial- urial,	Conditions, If any, which \ (1)	
ig plante	gave rise to immediate	
law requires that that that the attending physician. I has leen signed be as the burial transhor to burial, ore	underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	WAS AUTOPSY PERFORMED?
i. The all or under the all th	2Da. ACCIDENT WAS UNDERLYING II   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part   or Part   of Item 18.)	res No No
Spita Spita Sertii ed f	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 Y 2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICIA the hospi t≣is cert detached e Dept. of		(State)
ATTENDING PHYSICIAN: The law retained by the hospital or atten CTOE. After this certificate as should be detached for use as with the State Dept. of Health prior	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   4 work   20f. (City or town)   4 county   5 county   6 county	
Affinal Affina	21. I certify that (I) (this inspiral) attended the deceased from APR 1963, to MAY 18, 1966	that (I) (we) last
ITTENDII etained TOE Ai should ith the S	saw the deceased alive on MAY 18 19 66, and that death occurred at \$100 M, from the causes and on the da	te stated above.
OR A De ra Sed Wi	22a. SIGNATURE 22b. DATE S  M.D. PHYS. DIRECTOR PHYS. 5/19/	66
TAL may pag pag file	22c. PHYSICIAN'S 122d. ADDRESS	
HOSPITAL Page 4 may Full Full Full Full Full Full Full Ful	NAME (Type)  B.L. GR.NT. M.D. THIRD STREET OAKLAND. M.	0
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FULETL BIRICTOL A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
F F	BEMOVAL (Specify) Burial  5/21/66  Oakland Cemetery Oakland Maryla  24. FUNERAL DIRECTOR  ADDRESS  125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
VR A15 (4)	The (). XIII of 111 02 and offered to	Indee
2DM 1/65	Leighton-Durst Funeral Home Cakland Md DAMAY 23 1966 for the	-0



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before admission) e. COUNTY b. COUNTY Garrott Garrett MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) Rural-Deer Park Rural - Deer Park State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours after death. If any deages 1, 2, and 3 to the funers Route Route #1 YES NO death. 3. NAME OF Middle 4. DATE Month Yna DECEASED OP (Type or print) ATTA DEATH May HPOLE JANE 66 after 2 with 1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, evan if retired) Housewife Garrett Co.. Own Home Maryland USA PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Parry Paugh Tasker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) i (Ifyasgivewerordatesofservica) (Son) Office along with burial-transit permi 213-01-7252D Tpole, Rt #1, Russell Park. Deer 18. CAUSE OF DEATH [Enter only one ceuse par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction Sudden IMMEDIATE CAUSE (a) removal, DUE TO Arteriosclerotic cardiovascular disease Years Conditions, if any, which gava rise to immediata causa "pending **DUE TO** (e), steting the underlying 92 used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? стетаві 99 NO X should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of fram IB.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Hour a.m. While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion slease execute the riffic should be forwarded to FUNERAL DIRECTOR its designated agent, p Accident Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Feaster. Oakland, NAME (Typa) Address (Street, city, town, or county) 22e, BURIAL, CREMATION | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) E40 Family Cometery Tthe 23. FUNERAL DIRECT VS. A15ME Home, Oakland, Md. 5M 9/60

33 on the Shar Know-Linear State of the life of the life e F E SO I THE WALL SHOW and construct ... of the cost at a decide the state of the st BER VILLER MENT AND THE REST THE DESCRIPTION OF THE PERSON × 2 × 2 · Take with the state of the st Commence and the contract of their same and

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06974 CERTIFICATE OF DEATH 06965 be executed within 24 hours after death. empletely filled in by the funeral ive carban papers. Pages 1 and 2 event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY o STATE h. COLINTY Garrett MARYLAND Pennsylvania Somerset b, CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Somerset Grantsville, rural 21 months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 Goodwill Mennonite Home, Inc. 158 East Church Street YES NO 1 3. NAME OF Middle 4. DATE Month First Year DECEASED Jennie S. Wilhelm 19 66 (Type or print) DEATH May 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdey) Months Dovs Hours WIDOWED X DIVORCED Feb. 29,1880 86 female white 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY and eas Somerset Co. Pa. requires that the death certificate U.S.A housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Perry Schrock Dumbald 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service Christine W. Judson, Ft. Lauderdale, Fla. 185-38-4977 no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), **DUE TO** attending | stating the underlying cause has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) far use Health NO DO this certificate the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year Hour a.m. factory, street, office bldg., etc.) Not While While ot work of work TO FUNERAL DIRECTOR: After , 1964, to man 21, 1966 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from Quan 8 be retained sow the deceased alive on men 21 1966, and that death occurred at 8:00 m, from cours and an the date stated above 22o. SIGNATURE DATE SIGNED M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Grantsville, Md. Paige Strong, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) May 25 66 Husband Cemeter Somani Som cract 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24/ FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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